2001 UNIFORM BUSINESS REPORT (UBR)

May 22, 2001 8:00 am Secretary of State DOCUMENT # P96000023314 05-22-2001 90793 040 ***150.00 TROPIC CASINO CRUISES, INC. Principal Place of Business Mailing Address % Atlantia Holdings % Atlantia Holdings 553061 910 S.E. 17th St., Suite 300 910 S.E. 17th St., Suite 300 Ft. Lauderdale, FL 33316 Ft. Lauderdale, FL 33316 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied Fori 65-0651024 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WAGNER, J A a a a a a ta b la \ 647 E. DANIA BCH BLVD Wagner, J. DANIA BEACH FL 33004 % Atlantia Holdings 910 SE 17th St., # 300 Zip Code Ft. Lauderdale, FL 33316 8. The above named entity submits this statement for the purpose of changing its registered online or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE,NOW!!! FEE IS'\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO DESIDEDS AND DIDECTORS IN 11 11. TITLE PSTD ! TITLE Delete Addition. Bailey, William A. NAME NAME **BOULIS, GUS** % Atlantia Holdings STREET ADDRESS STREET ADDRESS 647 E. DANIA BCH BLVD 910 SE 17th St., # 300 CITY-ST-ZIP CITY-ST-ZIP DANIA BEACH FL 33004 Ft. Lauderdale, FL 33316 TITLE ☐ Delete TITLE Addition NAME NAME Farrell, James B. STREET ADDRESS STREET ADDRESS % Atlantia Holdings CITY-ST-ZIP CITY-ST-ZIP 910 SE 17th St., #300 Ft. Lauderdale, FL 33316 TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

GNING OFFICER OR DIRECTOR

FILED